



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

MONTANA HIGHWAY PATROL
School Bus Inspection
School Year 2006

State
 District
 County
 Patrol
 Contractor

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

Instructions to OPI from School District:

- This bus has been sold, retired, or is no longer in service. Please delete it from OPI's records.
- Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name 13 Fallon		District Name Baker K-12 Schools	
Vehicle I.D. # (VIN) - Entire Number 1HVBBABM4WH568829	Model Year 1998	License # 169	Rated Capacity **** 53
Chassis Make International	Body Make Amtran	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input type="checkbox"/> District Owned <input checked="" type="checkbox"/> Contractor Owned If contractor owned, contractor's name is: Spartan Bus Line LLC		

INSPECTION

TO BE FILLED OUT BY THE HIGHWAY PATROL

This inspection is for: 1st semester 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						Required by forest regulation:				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

*Page number reference, Standards for School Buses in Montana (2002 Edition). ****Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

Does not apply. *New buses ordered after 08/15/02. ****Based on original capacity listed on the manufacturers certification tag found inside the bus.

On first inspection, this bus is:

- Approved
- Not Approved

Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Signature of District Official

On reinspection, this bus is:

- Approved
- Not Approved

Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Date



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OPI County # and County Name 13 Fallon		District Name Baker K-12 Schools	
Vehicle I.D. # (VIN) - Entire Number 1HVBBABM4WH569768	Model Year 1998	License # 170	Rated Capacity **** 47
Chassis Make International	Body Make Amtran	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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Badge No. _____ Date _____

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Inspecting Patrol Officer: _____

Badge No. _____ Date _____

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Vehicle I.D. # (VIN) - Entire Number 1GDLT7T1J6TJ514690	Model Year 1996	License # 167	Rated Capacity **** 24
Chassis Make GMC	Body Make Bluebird	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
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C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
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Badge No. _____ Date _____

Signature of District Official

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- Not Approved

Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Date



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OPI County # and County Name 13 Fallon		District Name Baker K-12 Schools	
Vehicle I.D. # (VIN) - Entire Number 1HVBABP9SH219671	Model Year 1995	License # 731	Rated Capacity **** 71
Chassis Make International	Body Make Other	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
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Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Signature of District Official

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Vehicle I.D. # (VIN) - Entire Number XXXXXXXXXXXX9671	Model Year 2004	License # 168	Rated Capacity **** 47
Chassis Make International	Body Make International	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Signature of District Official

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Vehicle I.D. # (VIN) - Entire Number 2620	Model Year 1998	License # 170	Rated Capacity **** 47
Chassis Make International	Body Make Amtran	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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Badge No. _____ Date _____

Signature of District Official

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Vehicle I.D. # (VIN) - Entire Number 1FDPJ75C4PVA33230	Model Year 1993	License # 135	Rated Capacity **** 65
Chassis Make Ford	Body Make Thomas	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

MONTANA HIGHWAY PATROL
School Bus Inspection
School Year 2006

- State
- District
- County
- Patrol
- Contractor

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

Instructions to OPI from School District:

- This bus has been sold, retired, or is no longer in service. Please delete it from OPI's records.
- Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name 13 Fallon		District Name Plevna K-12 Schools	
Vehicle I.D. # (VIN) - Entire Number 1FDPB80C3SVA39362	Model Year 1995	License # 43	Rated Capacity **** 66
Chassis Make Ford	Body Make Thomas	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

INSPECTION

TO BE FILLED OUT BY THE HIGHWAY PATROL

This inspection is for: 1st semester 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						Required by forest regulation:				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

*Page number reference, Standards for School Buses in Montana (2002 Edition). ****Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

Does not apply. *New buses ordered after 08/15/02. ****Based on original capacity listed on the manufacturers certification tag found inside the bus.

On first inspection, this bus is:

- Approved
- Not Approved

Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Signature of District Official _____

On reinspection, this bus is:

- Approved
- Not Approved

Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Date _____



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OPI County # and County Name 13 Fallon		District Name Plevna K-12 Schools	
Vehicle I.D. # (VIN) - Entire Number 1HVBRAAP72B919382	Model Year 2002	License # 51	Rated Capacity **** 66
Chassis Make International	Body Make Amtran	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
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On first inspection, this bus is:

- Approved
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Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Signature of District Official

On reinspection, this bus is:

- Approved
- Not Approved

Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Date



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OPI County # and County Name 13 Fallon		District Name Plevna K-12 Schools	
Vehicle I.D. # (VIN) - Entire Number 4DRBRAAP83B959473	Model Year 2003	License # 33	Rated Capacity **** 66
Chassis Make International	Body Make Amtran	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
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Inspecting Patrol Officer: _____

Badge No. _____ Date _____

Signature of District Official

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- Approved
- Not Approved

Inspecting Patrol Officer: _____

Badge No. _____ Date _____

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OPI County # and County Name 13 Fallon		District Name Plevna K-12 Schools	
Vehicle I.D. # (VIN) - Entire Number 4DRBUAAP15B984443	Model Year 2005	License # 75	Rated Capacity **** 71
Chassis Make International	Body Make Amtran	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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Badge No. _____ Date _____

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